

## PRE-VISIT QUESTIONNAIRE

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Web Site: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Company contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Standard Industrial Code (SIC): \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

How did you learn of OTA? (What prompted this recent contact?)

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The office shall not make available to the Department of Environmental Protection information it obtains in the course of providing technical assistance to a toxic user, unless:

- I. The toxic user agrees that such information may be available to the department,
  - II. Or the information is public record information,
  - III. Or the information pertains to an imminent threat to public health or safety, or to the environment,
  - IV. Or disclosure to the department is required by law.
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1. Briefly describe the products you manufacture or the service your company provides. Please enclose a company sales brochure and any product literature relevant to this visit.
  
  
  
  
  
  
  
  
  
  
2. What unit operations/production processes are performed at your facility?
  
  
  
  
  
  
  
  
  
  
3. For what specific unit operation(s)/production process(es) would you like OTA's assistance?
  
  
  
  
  
  
  
  
  
  
4. Are process flow diagrams available to view on site?

5. Please list the hazardous/toxic chemicals involved in your facility's manufacturing processes and the annual usage (if available).

Chemical: _____	Annual Usage: _____
_____	_____
_____	_____
_____	_____

6. Does your facility file a Form R (EPA) or Form S (DEP)?

7. What materials does your facility recycle or reuse?

8. Please indicate what operation or production process is the primary source of air emissions and what chemicals are responsible.

9. Do you use any treatment processes to reduce emissions of toxics to the air, water, or as hazardous waste?

10. What is your total industrial water usage per day?

Would you like us to help you with water conservation?

11. Where is your facility's industrial wastewater discharged?

Publicly Owned Treatment Works (POTW): \_\_\_\_\_  
(name)

Body of Water (ex. River or stream): \_\_\_\_\_  
(name)

Other:

12. Name, title, phone number and email of person completing this questionnaire.

Please feel free to attach any other information you think may be helpful in our working together.